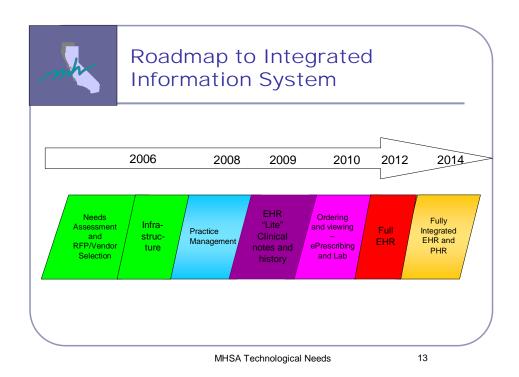
Request for Participation and Input in Development Of Scenarios and Test Scripts to Finalize Requirements For DMH Electronic Health Record (EHR) Request for Information (RFI) April 21, 2008

The California Department of Mental Health (DMH) will schedule Mental Health Services Act (MHSA) Electronic Health Record (EHR) Request for Information (RFI) Task Groups for the purpose of finalizing the requirements that will be included in the Department's EHR RFI when it is released. The Task Groups will consist of State and County staff, client and family members, contract providers, and vendors all of you who provide a valuable knowledge-base and wide variety of experience which will be reflected in the Department's final EHR RFI.

When the EHR RFI is finalized, it will be released to vendors both statewide and nationally. Vendors will have 60 days to submit their responses to the California Department of Mental Health. Once vendor responses are evaluated by DMH, vendors will be asked to conduct a demonstration of their system for State and County staff. County Mental Health Departments will be able to view these demonstrations and use the results from this process to:

- 1. Evaluate the current vendor systems available.
- 2. Assess each vendor's capabilities using the same requirements criteria.
- 3. Determine the vendors' current or future ability to achieve the long-term goals of interoperability with a variety of EHR and Personal Health Record (PHR) configurations as listed in the DMH Integrated Information System Roadmap.



Request for Participation in Development Of Scenarios and Test Scripts included In DMH EHR RFI April 21, 2008 (916) 654-2496

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The next and final phase towards releasing the EHR RFI is to validate the requirements using both existing and newly-developed test scripts and scenarios. DMH will schedule and conduct this final round of MHSA Information Technology Task Groups beginning in May 2008 and continue the meetings through the middle of June. In order to ensure participation by all represented members of the mental health community, DMH is asking your participation in these Task Groups. Participants are encouraged to attend all Task Group meetings and calls to ensure success in completing the validation process. Participants will be asked to offer clarity and feedback on the review materials developed during each meeting. All participants are encouraged to participate in one or more (or all) Task Groups.

This effort will provide the materials necessary for DMH to conduct a statewide vendor demonstration to take place this fall. The Information Technology Task Groups will start meeting the second week of May 2008 and continue through the middle of June 2008. The Department's purpose for this round of meetings is to finalize the EHR RFI Requirements and the scenarios and test scripts which will help vendors demonstrate their ability to perform the requirements included in the Department's EHR RFI.

Your input in these Task Groups is crucial in finalizing the existing scenarios and test scripts and in creating new ones as needed for the vendors use in developing their system demonstrations and to validate the EHR RFI requirements. We anticipate that the vendor demonstrations will provide valuable information and will be extremely crucial in our endeavor to assist the Counties in developing an Integrated Information System Infrastructure that can provide the counties with the ability to securely access and exchange information. This infrastructure is critical in obtaining the Department's goal to increase client and family members' access their health information and to modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost-effectiveness.

To assist you with determining which scenarios in which you would like to participate, below is a table outlining the scenarios with a brief summary, key features, and contact information of the State contact/facilitator assigned to each scenario. We have also provided a list of functional requirements with descriptions upon which the scenarios and test scripts will be built.

Please email the Task Group State contact/facilitator for each Task Group in which you want to participate. Please send your email expressing your interest to the State contact/facilitator identified below in the table by April 30, 2008.

Once the task groups have been formed, the State contact/facilitator assigned to each scenario will email each individual participating in the Task Groups with a schedule of the meetings which will be conducted via conference calls. The State contact/facilitator will also include in the email the related Dial-In information and access codes; along with a copy of the scenarios, test scripts and other meeting materials for their specific Task Group(s) in which you have expressed an interest.

Scenario #	Test Script Scenario -	Key Features of this
/State contact (facilitator)	Summary	Scenario Continua
Scenario 1 State Task Group Contact (Facilitator): Ginger Gramm Virginia.Gramm@dmh.ca.gov (916) 651-3199	This Clinical Test Scenario involves an adult male's routine medication support visit with his psychiatrist; which includes an updated medication support plan, a new prescription, and a discontinuation of a previously prescribed medication.	* Search for a patient record * Update demographic data * No functional requirements identified for UMDAP calculations * Lab reporting * Prescription generation * Consent management * Clinical documentation
Scenario 2 State Task Group Contact (Facilitator): Patricia Preciado Patricia.Preciado@dmh.ca.gov (916) 657-5157	A 31-year-old woman who is 29 weeks pregnant presents for a routine visit to her Primary Clinician. She has a primary diagnosis of Major Depression and was diagnosed in week 21 with Gestational Diabetes by her Primary Care Provider.	* Clinical Documentation * Labs * Referrals
Scenario 3 State Task Group Contact (Facilitator): Corina Leon Corina.Leon@dmh.ca.gov (916) 654-5432	This scenario will validate the interoperability of recording Laboratory Results.	* TBD * TBD * TBD * TBD * TBD
Scenario 4 State Task Group Contact (Facilitator): Corina Leon Corina.Leon@dmh.ca.gov (916) 654-5432	This scenario involves a routine visit for a 77-year-old Veteran with multiple chronic problems including schizophrenia, dementia, poorly controlled diabetes, hypertension, and drug allergies. Data from this case is used for a quality improvement initiative.	* Disease Management * Drug/Drug Interaction * Drug Allergy * Electronic Prescribing * Data Collection * Quality Improvement Reporting
Scenario 5 State Task Group Contact (Facilitator): Gina Gonzales Gina.Gonzales@dmh.ca.gov (916) 651-3261	This scenario will test security functions and security administration of the system. The "system" is defined as all of the components necessary to provide the clinical functionality tested in the clinical scenarios, as described in the Application for Certification. This system consists of all necessary network nodes, all platform components delivered by the Applicant, and all the Applicant components (e.g. documentation) included with the system.	* Adhere to Privacy and Security Best Practices; * Can be tested as part of clinical or administrative process scenarios; and are readily measurable or observable.
Scenario 6a State Task Group Contact (Facilitator): Corina Leon Corina.Leon@dmh.ca.gov (916) 654-5432	Scenario 6a will outline documentation with preapproved ePrescribing network.	* Interface with RxHUB/Allscripts/SureScripts *Clinical Documentation * Lab * Pharmacy * Privacy and Security

State Task Group Contact (Facilitator): Gina Gonzales Gina.Gonzales@dmh.ca.gov (916) 651-3261	Scenarios #6 and #7 will outline documentation requirements and any other items to which the Applicant will "self-attest" that their system will meet the CCHIT Certification Criteria.	For all procedural items in this test script Scenario #6 and #7, the Applicant will provide the following self-attestation information: 1) clear identification of the functions assigned to a third-party (where assignable); 2) A statement explaining how the product complies with the criteria; and 3) Supporting documentation as evidence of the product's compliance. CCHIT provides a Self-Attestation Submission Form that Applicants must use to submit self-attestation materials to CCHIT. It is intended that supporting documentation that describes the product's compliance with the certification criteria be provided to purchasers of the product contains this information.
Scenario 8 and 9	Place holder for California specific Behavioral Health Scenarios	
Scenario 10 State Task Group Contact (Facilitator): Patricia Preciado Patricia.Preciado@dmh.ca.gov (916) 657-5157	This Clinical Test Scenario involves a dependent child who is placed in out-of-home care includes administration of psychotropic medication.	* Search for a patient record * Update demographic data * Lab reporting * Prescription generation * Consent management, and * Clinical documentation

The five functions to be included in the scenarios and test script are:

- 1. Infrastructure
- 2. Practice Management
- 3. Clinical Data
- 4. Computerized Provider Order Entry (CPOE)
- 5. Full Electronic Health Record (EHR) and Full EHR/Personal Health Record (PHR)

Below are descriptions of these functions. We invite you to also review the requirements developed for these functions as well as the comments gathered during the review of the MHSA EHR RFI at the following link: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/Meetings.asp

- 1) Infrastructure Function Requirements: Includes hardware and software with basic level of security and systems ready to deploy software. Interoperable EHRs require a structure for sharing information—a secure network. This group is tasked with refining the requirements in this functional area.
- 2) Practice Management Function Requirements: Includes registration, eligibility, accounts receivable, accounts payable, billing, documentation, and reporting. These requirements address the complex financial and administrative needs of physician practices. These requirements will help County Mental Health Departments formulate the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management and compliance programs, and determine legal implications of business arrangements.
- 3) Clinical Data Function Requirements: Includes clinical documentation such as assessment, treatment notes and other clinical measures, such as data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment.
- 4) Computerized Provider Order Entry (CPOE) Function Requirements: Includes internal and external laboratory, pharmacy and/or radiology ordering and history display. These requirements address optimizing physician ordering of medications, laboratory tests with interactive decision support system. Integration with other hospital information technology systems including electronic patient records, pharmacy, laboratory, and other services provides the prescriber with all information necessary to develop and transmit an effective, error-free order.
- 5) Full EHR and Full EHR/PHR Function Requirements:

Full EHR Requirements: Includes infrastructure, health record capture, decision support, reporting, data transfer and CPOE components that are interoperable with external systems such as those used by contracted providers using industry standards

Full EHR and PHR Requirements: Includes Full EHR functionality and interoperability with a Personal Health Record system. These requirements will encompass the minimum statewide standards listed in Appendix B of the Technological Needs Guidelines.

We appreciate your continued efforts in these projects that are crucial in finalizing the scenarios and test scripts for the vendors use in developing their system demonstrations and to validate the EHR RFI requirements. If you have any questions or concerns, please contact the State Task Group contact or Judy Candlish at (916) 654-2496 or email her at judy.candlish@dmh.ca.gov.